



THE AMERICAN LEGION MEMBER DATA FORM

Date _____

(Please use ink and print clearly using UPPERCASE letters)

Member ID# (9-digit)		Dept.	Post #
First Name	MI	Last Name	Suffix

MEMBERSHIP RECORD CHANGE

- Deceased Honorary Life Membership Code: Add Delete
- Member above holds an elected office or appointment within the Department or District

NAME CORRECTION			
First Name	MI	Last Name	Suffix

NEW ADDRESS		
Line 1		
Line 2		
City	State	ZIP Code
Home Phone	Cell Phone	

Member Transferring FROM:	Department (Alpha Code)	Former Post #
Member Transferring TO:	Department (Alpha Code)	New Post #

WAR ERA (Mark all that apply)	
<input type="checkbox"/> 12/7/41 – 12/31/46 (WWII)	<input type="checkbox"/> 6/25/50 – 1/31/55 (Korea)
<input type="checkbox"/> 2/28/61 – 5/7/75 (Vietnam)	<input type="checkbox"/> 8/24/82 – 7/31/84 (Grenada/Lebanon)
<input type="checkbox"/> 12/20/89 – 1/31/90 (Panama)	<input type="checkbox"/> 8/2/90 – Present (Gulf War/War on Terrorism)

GENDER
<input type="checkbox"/> Male
<input type="checkbox"/> Female

DATE OF BIRTH
MM/DD/YYYY

CONTINUOUS YEARS OF MEMBERSHIP	
# Years	Last Paid Membership Year

BRANCH OF SERVICE					
<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marines	<input type="checkbox"/> Merchant Marines (WWII only)	<input type="checkbox"/> Navy

EMAIL ADDRESS

Signature – Post Adjutant
(Required for Transfers, Deceased, Honorary Life and Cont. Years changes)

Signature – Member
(Required for Transfers)

SEE INSTRUCTIONS ON REVERSE SIDE